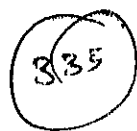


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**INDIANS**  
on Federal  
**RESERVATIONS**  
in the United States  
*a Digest*



Portland Area



IDAHO

OREGON

WASHINGTON

INDIANS ON FEDERAL RESERVATIONS  
IN THE UNITED STATES  
- A DIGEST -

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Portland Area	*	Idaho
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U. S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

Public Health Service

Washington, D. C.

June, 1958

Division of Indian Health

Program Analysis and  
Special Studies Branch

Public Health Service Publication No. 615


Part 1.

## FOREWORD

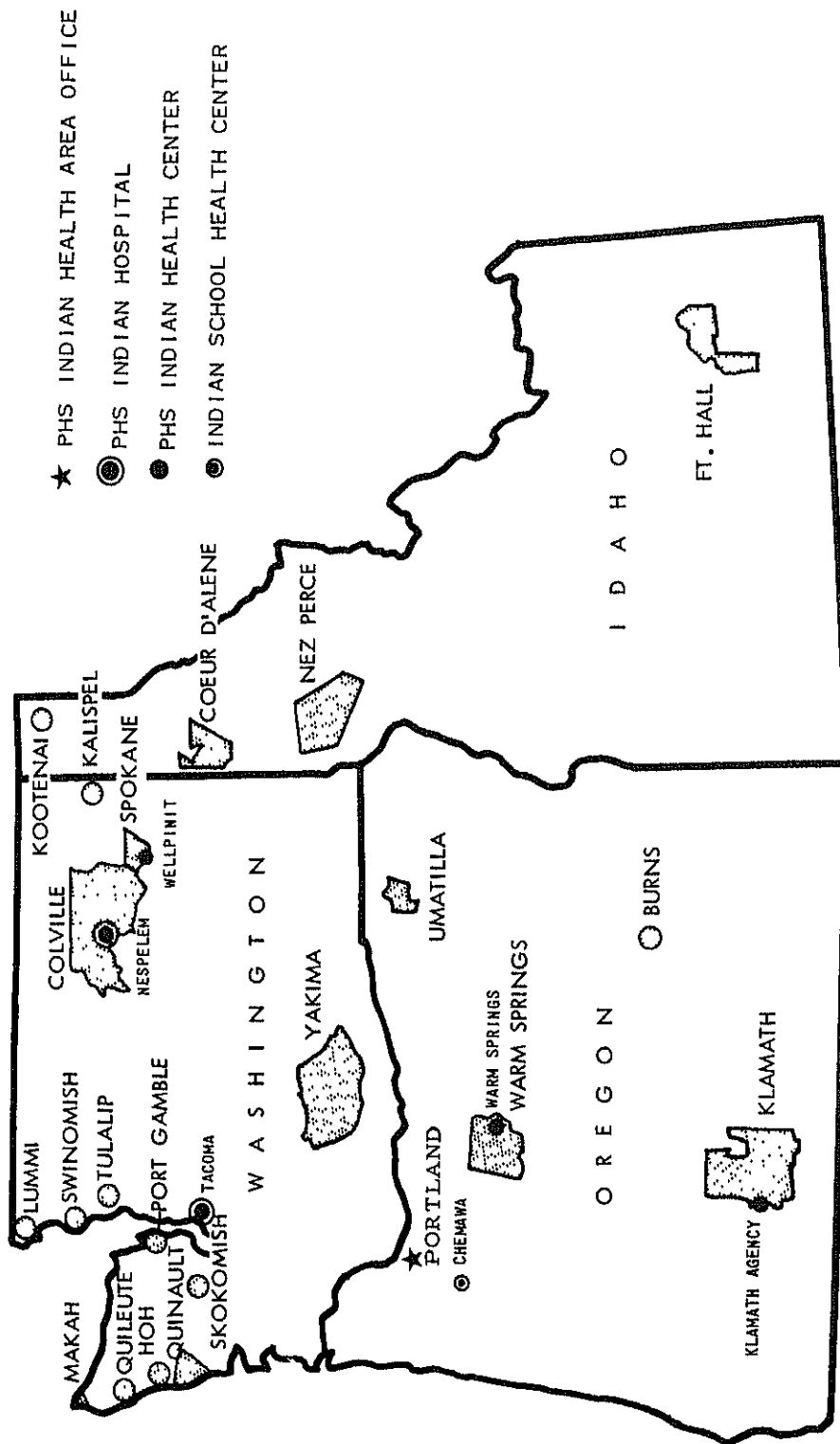
The Division of Indian Health has had a constantly recurring need for general summary information on the various Indian reservation groups which come under its jurisdiction. Moreover, other governmental as well as nongovernmental agencies have had an increasing need for similar information. Unfortunately, no one source has been able to provide, briefly and simply, the variety of facts required.

A series of "Digests" is, therefore, being prepared to present basic information about each Indian reservation group in the various Division of Indian Health Area and Sub-Area jurisdictions. The present report for the Portland Area is the first in this series. The reservation summaries are not intended as comprehensive studies--rather as fact sheets for quick and ready reference. Since they are aimed primarily to highlight the particular interests of health personnel, they may omit items of more direct concern to persons in other fields of interest. For example, no attempt is made to describe reservation conservation or development projects, business enterprises, education endeavors, or Federal, State and local public assistance and welfare programs.

The Digests are prepared in the Division's Program Analysis and Special Studies Branch. Mr. John Costley and Mrs. Laura Rosen shared responsibility for searching the wide variety of information sources, selecting the pertinent facts to be used, and developing the general format and final presentation. Special acknowledgement is made of the assistance and helpful suggestions of staff of the Portland Area Office, under the direction of Dr. Ruth E. Dunham, former Medical Officer in Charge.

  
James R. Shaw, M.D.  
Assistant Surgeon General  
Chief, Division of Indian Health

# FEDERAL INDIAN RESERVATIONS in IDAHO, OREGON, and WASHINGTON



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## INTRODUCTION AND SUMMARY

Of an estimated total Indian population in the United States of 484,000 in 1956, about 343,000 are potential beneficiaries of the Indian health service program now administered by the Public Health Service in the Department of Health, Education, and Welfare. These 343,000 Indian men, women, and children reside in some 240 Federal Indian reservation areas, principally located in 24 States west of the Mississippi River. In addition, health services are made available to about 37,000 Aleuts, Eskimos, and Indians in Alaska.

Responsibility for the provision of health services for Indians and Alaska Natives was transferred to the Public Health Service from the Bureau of Indian Affairs, Department of the Interior, on July 1, 1955. The Service administers this program through the Division of Indian Health in its Bureau of Medical Services. At the present time, the Division operates 55 hospitals for Indians and Alaska Natives, and provides extensive treatment and preventive services at some 250 other locations in the field.

Other services relating to the economic and social well-being of Indians continue to be administered by the Bureau of Indian Affairs, with which the Division of Indian Health maintains close working relationships. In both agencies, program operations are conducted through a system of Area Offices. (See map, opposite page.) Basically, the Indian Health Area structure conforms with that of the Bureau of Indian Affairs, which evolved with a recognition of the geographic and ethnic distinctions among Indian reservations.

The jurisdiction of each of the Public Health Service Indian Health Areas includes large numbers of Indian people with wide variety in cultural patterns and economic circumstances. Altogether, there are today in the United States several hundred Indian tribes and bands, each with distinguishing characteristics. Sometimes members of a tribe are few in number, clustered together at one location; more often they are scattered over a broad area which may include a number of reservations. Once a vigorous people, totalling about 800,000, the Indian population was sharply reduced by tuberculosis, smallpox, dysentery and other diseases brought by the early white settlers. Today the Indian people are still faced with a burden of disease far in excess of that found in the general population. Most of their illnesses are from preventable diseases which have long been under control in other groups throughout the country.

In developing its program for improving the health of the Indian people, and in recruiting workers for this program, the Public Health Service has had a need for basic facts on the reservation groups which, for health purposes are under its jurisdiction. This series of Digests of information from a wide variety of sources has been prepared in an effort to meet this need.

The present publication is comprised of material on Indian reservations in three States in the Portland Area--Idaho, Oregon, and Washington. The series will include a Digest on the reservations in each of the Public Health Service Indian health jurisdictions.

# PHS INDIAN HEALTH AREA AND SUB-AREA JURISDICTION

(List of offices; 1956 estimated health service population)

ABERDEEN, SOUTH DAKOTA  
PHS Indian Health Area Office  
422½ South Main Street

OKLAHOMA CITY 2, OKLAHOMA  
PHS Indian Health Area Office  
301 Post Office & Court House Bldg.

Bemidji, Minnesota  
PHS Indian Health Bemidji Office  
124 Beltrami Avenue

PHOENIX, ARIZONA  
PHS Indian Health Area Office  
P.O. Box 674 (4110 No. 16th St.)

ALBUQUERQUE, NEW MEXICO  
PHS Indian Health Area Office  
P.O. Box 1715 (220 3rd St., N.W.)

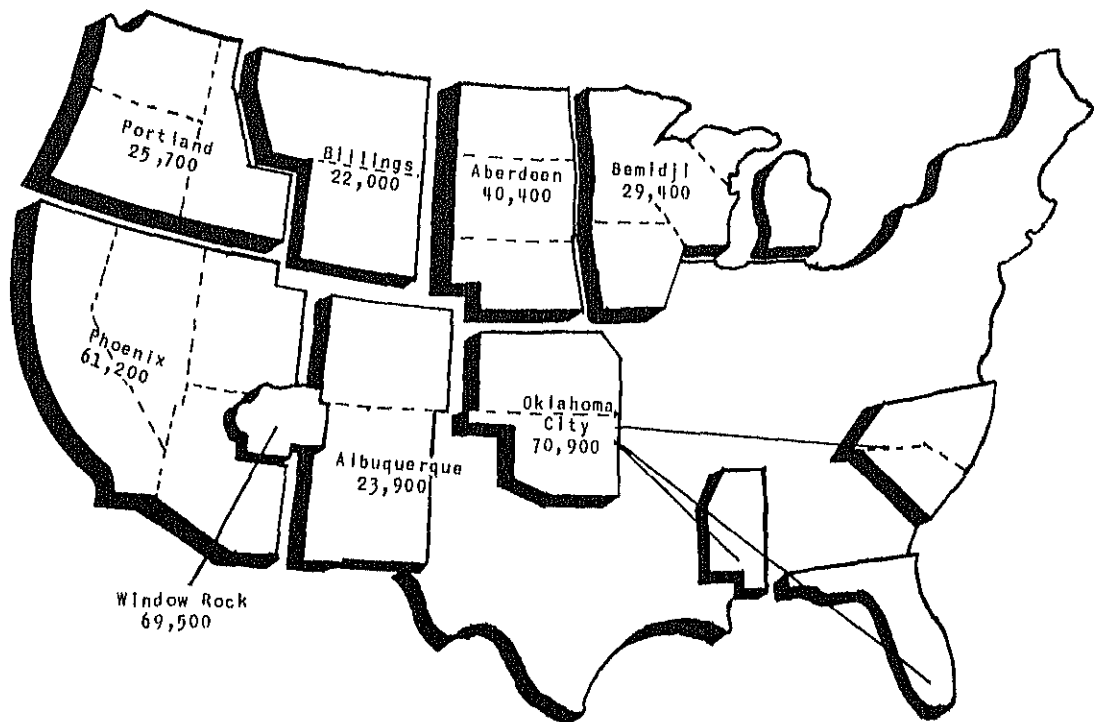
PORTLAND, OREGON  
PHS Indian Health Area Office  
P.O. Box 1729 (208 S.W. 5th St.)

Window Rock, Arizona  
PHS Indian Health Sub-Area Office  
P.O. Box 188

Billings, Montana  
PHS Indian Health Sub-Area Office  
P.O. Box 2143

ANCHORAGE, ALASKA  
PHS Alaska Native Health  
Service Area Office  
P.O. Box 741

Mt. Edgecumbe, Alaska  
PHS Alaska Native Health  
Service Sub-Area Office





The Portland Area of the Division of Indian Health has immediate responsibility for Indian Health services in three States--Washington, Oregon, and Idaho. Living in these States are some 26,000 Indian people for whom health services are available through the Portland office. The great majority--about 22,000--live in Washington and Oregon, and many are the present-day descendants of Indian tribes known as the "fishermen of the Northwest." Originally among the wealthiest Indian bands in the country, they were a semi-nomadic people, moving with the seasons to fish, hunt, and gather fruits and berries. They are famous for their carved totem poles and basketry, and for their "give-away feasts" or "potlatches."

The 4,000 Idaho Indians who for health services are under the jurisdiction of the Portland office, are descendants of the Northern Plains Tribes. They, too, lived a wandering life, following the great buffalo herds of their time.

Much of the original Indian reservation land in the Northwest has now passed into non-Indian ownership, and most of the remaining productive land is leased to non-Indians. Consequently, today's Pacific Northwest and Idaho Indian reservations are broken into small tracts, checkerboarded with non-Indian holdings or public domain lands. Many of the Indians in this Area have become fairly well integrated with their non-Indian neighbors, although the older people and the more isolated groups are still likely to adhere to tribal customs of the past.

Today, many of the groups along the Pacific Coast continue to supplement their food supply with fishing, trapping, and berry picking, which also may provide some small cash income. A few have turned to stock raising and farming and sizeable numbers are employed at semi-skilled or unskilled work in shipyards, sawmills, and the logging and canning industries. The Idaho group, farther inland, have turned even more to stock raising and farming, or to employment as wage workers in the lumbering industry or on ranches or farms nearby.

Several of the Indian groups in the Portland Area hold valuable timber tracts--particularly the Colville, Klamath, Yakima, and other Western Washington tribes. Thus, proceeds from timber sales have placed some families in a relatively favorable financial situation. Generally speaking, however, the family income of reservation Indians in Washington and Oregon is well below that for other rural families in the area. For those in Idaho, family income is considerably below the average for all rural families in the State, and is generally below that for the Washington-Oregon groups. Welfare assistance often provides a significant share of family income.

The majority of children attend public school, with special arrangements for tuition (because of the nontaxable status of Indian land) made between the Bureau of Indian Affairs and local school authorities. Three schools are operated by the Bureau of Indian Affairs in Oregon: a boarding and day school at Warm Springs; a day school at Simnasho; and a boarding school at Chemawa. The latter is maintained primarily for Navajo children who lack school facilities on their own reservation. At Chemawa the Public Health Service operates a School Health Center.

Healthwise, in all three States, the Indians still are many years behind their non-Indian neighbors, with a relatively high incidence of tuberculosis, pneumonia, dysentery, gastro-enteritis, and measles.

General medical and hospital care and preventive health services are provided directly through the Public Health Service Indian Hospital at Nespelam, Washington; through Public Health Service Indian Health Centers at Klamath and Warm Springs, Oregon; at Wellpinit, Washington; and through a number of smaller health stations throughout the region. In addition, hospital care for tuberculous patients is provided at the Public Health Service Indian Tuberculosis Sanatorium at Tacoma, Washington.

The Public Health Service makes wide use of the services of private physicians and community hospitals through contract and open-market emergency arrangements. Mental patients are cared for in State institutions on the same basis as all other citizens. Public health services are made available to most reservation Indians through contractual agreements with State and local health departments in Washington, Oregon, and Idaho.

The complexity of administering medical care to a population as diffuse, both culturally and geographically, as that of the Indian is evident. The Portland Area is dotted with small groups of Indians whose tribal origin differs, who speak different languages, and who practice different customs. Many are isolated from one another, and even more from the non-Indian world. In many instances the land remaining for them is marginal land, insufficient to sustain their families. It is the job of the Public Health Service to reach these Indian people and to help raise their level of health to that of the general population of the United States.



## COEUR d'ALENE RESERVATION, IDAHO

### THE RESERVATION

**LOCATION:** Northwest Idaho, in Benewah and Kootenai Counties. On Washington-Idaho border, between Coeur d'Alene on the North and Saint Joe National Forest on the South.  
Principal settlements - Benewah, Desmet, Plummer, Sanders, Tensed and Worley, all less than 400 population (1950).  
Nearest off-reservation towns (1950 pop.) - Coeur d'Alene, Idaho, (pop. 12,198) 35 miles from Plummer; Lewiston (pop. 12,985) 90 miles away; St. Maries, Idaho, (pop. 2,220) 20 miles from Plummer; Spokane, Washington (pop. 161,721) 45 miles away.  
BIA Field Office - Northern Idaho Agency, Lapwai, Idaho.

**LAND:** Covers over 73,000 acres of farm and timber land; over 90% leased to non-Indians. 60,000 acres in individual allotments, 13,000 tribal acres. Checkerboarded with non-Indian land holdings.

\* \* \* \* \*

**TRIBES:** Coeur d'Alene Salish.

**POPULATION:** 391 estimated in PHS service area in 1956  
711 enrolled in tribe in 1957

**CHARACTERISTICS:** Blood quantum: 37% full blood in 1950.

Homes - Typical dwelling frame.

Education - Nearly all children complete the elementary grades, and about 1/3 complete high school. With the exception of a few older persons, all speak and write English (1952). 99% of children aged 6-18 in Northern Idaho attending school (1957).

Average family income - Far below that for all rural farm families in Idaho, but substantially above the average for all reservation Indian families in the State. Source - lease of land, farming, livestock and wage labor.

Tribal income - Limited to returns from timber sales.

\* \* \* \* \*

**INDIAN HEALTH FACILITIES:** None on reservation.

**OTHER HEALTH RESOURCES:** All public health services to Indians as provided to non-Indians, plus additional public health nursing, dental services, VD and TB investigation provided through Public Health Service contract with Idaho State Department of Health, Panhandle District.

Hospital care at Federal expense may be authorized at community hospitals, mainly the 482-bed Sacred Heart Hospital and 267-bed St. Luke's General hospital, both at Spokane; also at 135-bed St. Joseph's Hospital, Lewiston.

### THE PEOPLE

### HEALTH RESOURCES

COEUR d'ALENE RESERVATION, IDAHO (continued)

HEALTH STATUS: Data for Coeur d'Alene Reservation combined with those for all Northern Idaho reservations. Leading causes of death for these reservations, 1954-56, were diseases of heart, accidents, diseases of infancy.

SPECIAL  
PROBLEMS

OTHER: Assimilation into general community has been slow. Sanitary conditions poor. Lack of industry in area makes employment hard to obtain. Only available work is seasonal labor on farms and in logging and lumbering industry.

\* \* \* \* \*

FIELD NOTES AND OBSERVATIONS:

## FORT HALL RESERVATION, IDAHO

### THE RESERVATION

**LOCATION:** Southeast Idaho, covering part of Bannock, Bingham and Power Counties. Northwest boundary of reservation at Snake River. Principal settlements - None, except at Fort Hall, the BIA Agency Headquarters, one square mile of taxable land surrounded on all sides by the reservation; 130 Indian population in addition to non-Indians. Nearest off-reservation towns in Idaho (1950 pop.) - Blackfoot (pop. 5,180) and Pocatello (pop. 26,131) both 11 miles from Fort Hall; American Falls (pop. 1,874) and Idaho Falls (pop. 19,218) each 35 miles away; Malad City (pop. 2,715) about 50 miles. BIA Field Office - Fort Hall Agency, Fort Hall, Idaho.

**LAND:** Covers over 521,000 acres, more than half in individual allotments. Mostly open grazing land; some farm and timber land. More than 50% leased to non-Indians.

\* \* \* \* \*

**TRIBES:** Predominantly Shoshone, with some Bannock.

**POPULATION:** 2,075 estimated in PHS service area in 1956  
2,275 enrolled tribal members in 1957

### THE PEOPLE

**CHARACTERISTICS:** Blood quantum - 80% full blood in 1950; 91% one-half or more Indian blood. Homes - Typical dwelling 1-2 room frame or log house; 4.3 persons per dwelling unit (median). 2 persons per room (median). Education - One out of 4 persons cannot speak English, 2 out of 5 cannot read or write English. 75% use interpreter. However, 86% of children aged 6-18 in school in 1957. Average family income - Less than half that for all rural farm families in the State. Although earned income is higher at Fort Hall than at Kootenai, many families are not self sufficient economically. Source - Land leases, livestock, farming, seasonal labor. Tribal income - Principally from lease of farming, and grazing land. Lesser amounts from phosphate mining and royalties.

\* \* \* \* \*

**INDIAN HEALTH FACILITIES:** Public Health Service Indian Health Station at Fort Hall.

### HEALTH RESOURCES

**OTHER HEALTH RESOURCES:** All public health services to Indians as provided to non-Indians, plus additional public health nursing, dental services, TB and VD investigation provided through Public Health Service contract with Idaho State Department of Health, South Eastern District.

FORT HALL RESERVATION, IDAHO (continued)

Medical care, when authorized, provided by local physicians at Federal expense.

Hospital care at Federal expense may be authorized at community hospitals, mainly the 96-bed Bannock Memorial Hospital and 100-bed St. Anthony Mercy Hospital, both at Pocatello; at 27-bed Bingham Memorial Hospital, Blackfoot; 20-bed Oneida Hospital, Malad City and the 22-bed Schlitz Memorial Hospital, American Falls.

\* \* \* \* \*

HEALTH STATUS: Leading causes of death, 1954-56, were accidents, influenza and pneumonia, and diseases of heart.

SPECIAL  
PROBLEMS

OTHER: Environmental sanitation is poor; less than 15% of families have safe water supplies or adequate sewage disposal facilities. Fly problem is of major importance. Use of the medicine man reported as still quite prevalent, particularly among older persons.

\* \* \* \* \*

FIELD NOTES AND OBSERVATIONS:

## KOOTENAI RESERVATION, IDAHO

### THE RESERVATION

**LOCATION:** Extreme northern Idaho, in Boundary County. Close to British Columbia, Canada. Consists of small land holdings along Kootenai River.

Principal settlements - Small unnamed village 3 miles from Bonners Ferry, Idaho.

Nearest off-reservation towns in Idaho (1950 pop.) - Bonners Ferry (pop. 1,776); Priest River (pop. 1,592) 20 miles from reservation; Sandpoint (pop. 4,265) 35 miles away.

BIA Field Office - Northern Idaho Agency, Lapwai, Idaho.

**LAND:** Covers 4,015 acres, nearly all in individual restricted allotments. No tribal ownership. About 2/3 of land non-Indian operated dry farm, open grazing and timber land.

\* \* \* \* \*

**TRIBES:** Predominantly Kootenai.

**POPULATION:** 60 estimated in PHS service area in 1956  
82 enrolled in Tribe in 1957

**CHARACTERISTICS:** Blood quantum - 82% full blood in 1950.

Homes - All but 3 of Indian resident families (1952) live in 18 cottages built in the 1930's by the Federal Government on 15-acre government-owned tract.

Education - Very little schooling among adults, but majority speak and understand English. 99% of children aged 6-18 in Northern Idaho attending school (1957).

Average family income - The poorest group, financially, of all reservation Indians in Idaho. Incomes range from \$20-\$700 per year. Source - Seasonal farm labor, lease of land and lumbering.

Tribal income - None.

\* \* \* \* \*

**INDIAN HEALTH FACILITIES:** None on reservation.

**OTHER HEALTH RESOURCES:** All public health services to Indians as provided to non-Indians, plus additional public health nursing, dental services, TB and VD investigation provided through Public Health Service contract with Idaho State Department of Health, Panhandle District.

Medical care by private physician at Bonners Ferry, under contract to PHS.

Hospital care may be authorized at community hospitals, mainly the 27-bed Community Hospital, Bonners Ferry.

### THE PEOPLE

### HEALTH RESOURCES



## KOOTENAI RESERVATION, IDAHO (continued)

HEALTH STATUS: Data for Kootenai Reservation combined with those for all northern Idaho reservations. Leading causes of death for these reservations, 1954-56, were diseases of heart, accidents, diseases of infancy.

### SPECIAL PROBLEMS

OTHER: Opportunities for employment limited. Reservation land valuable for farming but periodically inundated by flood waters from Kootenai River. Extreme poverty, low educational level, poor living conditions characterize this group. As result of intermarriage with Canadian Kootenais, 2/3 of land is owned by Canadian Indians through inheritance.

\* \* \* \* \*

### FIELD NOTES AND OBSERVATIONS:

## NEZ PERCE RESERVATION, IDAHO

### THE RESERVATION

**LOCATION:** Northwest portion of Idaho, close to conjunction of Washington and Oregon State boundaries. In Clearwater, Idaho, Lewis and Nez Perce Counties.

Principal settlements (1950 pop.) - Kamiah (pop. 812); Lapwai (pop. 480); Orofino (pop. 1,656).

Nearest off-reservation towns in Idaho (1950 pop.) - Cottonwood, (pop. 689) 50 miles from Lapwai; Grangeville, (pop. 2,544) 65 miles from Lapwai; Lewiston, (pop. 12,985) 15 miles away. BIA Field Office - Northern Idaho Agency, Lapwai, Idaho.

**LAND:** Covers about 125,000 acres of which half is in individual allotments. Roughly 80% of the total acreage is leased to non-Indians. Good farm and grazing land, and a small amount of timber land. Checkerboarded with non-Indian land holdings.

\* \* \* \* \*

**TRIBES:** Predominantly Nez Perce.

**POPULATION:** 1,292 estimated in PHS service area in 1956  
2,213 enrolled in Tribe in 1957

**CHARACTERISTICS:** Blood quantum - 40% full blood in 1950.

Homes - Typical dwelling, frame.

Education - Most adults have completed grade school. Almost all persons read and speak English (1952). 99% of children aged 6-18 in Northern Idaho Agency attending school.

Average family income - Below that for all rural farm families in the State. Approximates the average for all reservation Indian families in Idaho (which is about one-half that for reservation Indian families in Washington, one of the more prosperous groups).

Source - Farming, grazing, rentals, timber sales, interest.

Tribal income - Small amounts from sale of timber and limestone, lease of farming and grazing land. Substantial settlement from loss of fishing rights at Celilo Falls, now inundated by water impounded by The Dalles Dam. The proceeds are being distributed in per capita payments over a period of years.

\* \* \* \* \*

**INDIAN HEALTH FACILITIES:** Public Health Service Indian Health Station at Lapwai, through which medical care services are authorized.

### HEALTH RESOURCES

**OTHER HEALTH RESOURCES:** All public health services to Indians as provided to non-Indians, plus additional public health nursing, dental services, TB and VD investigation provided through Public Health Service contract with Idaho State Department of Health, North Central District

## NEZ PERCE RESERVATION, IDAHO (continued)

Health Department.

Medical care by private physician at Lapwai, under contract to PHS. Hospital care may be authorized at Federal expense at community hospitals, mainly the 135-bed St. Joseph's Hospital, Lewiston; the 25-bed Orofino Hospital, Orofino, and the 37-bed Our Lady of Consolation Hospital, Cottonwood.

\* \* \* \* \*

### SPECIAL PROBLEMS

HEALTH STATUS: Data for Nez Perce Reservation combined with those for all Northern Idaho reservations. Leading causes of death for these reservations, 1954-56, were diseases of heart, accidents and diseases of infancy.

\* \* \* \* \*

### FIELD NOTES AND OBSERVATIONS:

## BURNS RESERVATION, OREGON

### THE RESERVATION

LOCATION: A small tract of land in Harney County, South East Oregon. Isolated from other communities by forest, mountains and lakes. Lies just South of Malheur National Forest and just East of Ochoco National Forest.  
Principal settlements - No named settlement. Cluster of homes only.  
Nearest off-reservation towns in Oregon (1950 pop.) - Burns (pop. 3,093) adjacent to reservation; Crane (pop. 99) 32 miles away; Juntura (pop. 107) 55 miles away.  
BIA Field Office - Warm Springs Agency, Warm Springs, Oregon.

LAND: About 14,000 acres in Harney Basin. Mostly open grazing land. Some minerals.

\* \* \* \* \*

TRIBES: Paiute (also known as Burns-Paiute)

POPULATION: 154 estimated in PHS service area in 1956  
149 enrolled in Tribe in 1950

### THE PEOPLE

CHARACTERISTICS: Blood quantum - 99% full blood in 1950; 100% one-half or more Indian blood.  
Homes - Frame (24 houses built by BIA in 1934).  
Education - (See Warm Springs Reservation.)  
Average family income - One of the lowest income groups among reservation Indian families of Oregon. Source - Chiefly seasonal labor on farms and at mills in Burns.  
Tribal income - No specific data available, but some income from grazing, mining and gas and oil leases.

\* \* \* \* \*

INDIAN HEALTH FACILITIES: None on reservation.

### HEALTH RESOURCES

OTHER HEALTH RESOURCES: All public health services to Indians as provided to non-Indians, based upon the needs of individuals and family groups, provided through Public Health Service contract with Harney County Court.  
Part-time medical care reportedly by local private physician at Burns.  
Hospital care at Federal expense may be authorized at community hospitals, mainly the 38-bed Harney County Hospital, Burns.

\* \* \* \* \*

## BURNS RESERVATION, OREGON (continued)

### SPECIAL PROBLEMS

HEALTH STATUS: Data for Burns Reservation combined with those for Warm Springs Reservation. Leading causes of death for these reservations, 1954-56, were accidents, diseases of heart, influenza and pneumonia. Trachoma is still a problem on Burns Reservation.

OTHER: Extremely difficult to locate members of the Paiute Tribe during work seasons as they leave the reservation for long periods to find employment.

\* \* \* \* \*

FIELD NOTES AND OBSERVATIONS:

## CELILLO COMMUNITY, OREGON

### THE RESERVATION

**LOCATION:** Central Oregon, a few miles south of the Washington State boundary line. About midway between the Yakima Reservation in Washington, and the Warm Springs Reservation, Oregon. The Celilo Reservation is in Wasco County, on the south bank of the Columbia River, near the Dalles Dam.  
Principal settlement - About 30 Indian families live at the Celilo community a small village on the south side of U.S. Highway #30.  
Nearest off-reservation town - The Dalles, Oregon (1950 pop. 9,864), about 14 miles west of Celilo.  
BIA Field Office - Warm Springs Agency, Warm Springs, Oregon.

**LAND:** An act of February 9, 1929, authorized transfer of about 7.4 acres of land in Oregon to the Secretary of the Interior, for use of certain Indians as a fishing camp. On July 25, 1947, purchase of an additional 34½ acres of land at Celilo Falls was authorized. Until the spring of 1957, this was the picturesque salmon-fishing center for hundreds of Indian people from all parts of the northwest. More recently, construction of the huge Dalles Dam has resulted in the flooding of a large part of this land.

\* \* \* \* \*

### THE PEOPLE

**TRIBES:** The acreage was originally set aside for use of the Yakima, Umatilla, Warm Springs, and other Columbia River Indians who wished to go there to fish, then return home. It is said that 75% of the 120 Indian people who now live at Celilo belong to the Yakima Tribe.

**CHARACTERISTICS:** Blood quantum - not known.  
Homes - Typical dwelling a 2-4 room frame house erected by the BIA.  
Education - Not known, but all persons aged 6 and older speak English.  
Income - Little data available regarding economic status. Most of the families who once depended on fishing for subsistence now lean heavily on county welfare for general and public assistance.

\* \* \* \* \*

**INDIAN HEALTH FACILITIES:** None on reservation.

### HEALTH RESOURCES

**OTHER HEALTH RESOURCES:** Public Health services provided, on the same basis as for other residents of the counties concerned, by the Wasco-Sherman County Health Department. Part-time Health Officer of this Department is coordinating the work of health, welfare and home extension personnel in conducting a weekly health program, housed in BIA-donated trailer.  
Hospital care at Federal expense may be authorized at community hospitals, mainly the 72-bed The Dalles General Hospital, The Dalles.

## CELILO COMMUNITY, OREGON (continued)

### SPECIAL PROBLEMS

HEALTH STATUS: No separate data available.

OTHER: Celilo has become almost a ghost town. Since the village is about 100 miles from the nearest PHS Indian health facility (Yakima or Warm Springs) many problems arise in providing adequate health services to Celilo Indians.

\* \* \* \* \*

FIELD NOTES AND OBSERVATIONS:

## KLAMATH RESERVATION, OREGON

### THE RESERVATION

**LOCATION:** South Central Oregon in Klamath and Lake Counties.  
Western boundary adjacent to Crater Lake National Park, Northern boundary at Fremont National Forest.  
Principal settlements - Chiloquin (1950 pop. 668) and the small settlements of Beatty, Klamath Agency and Sprague.  
Nearest off-reservation towns in Oregon (1950 pop.) - Klamath Falls (pop. 15,875) 30 miles from Klamath Agency; Lakeview, (pop. 2,831) 90 miles away.  
BIA Field Office - Klamath Agency, Klamath Agency, Oregon.

**LAND:** Covers nearly 1,000,000 acres, of which 113,000 acres are in individual restricted allotments. Mostly forest and woodland. Considerable open grazing land and some dry farm, barren and waste land. More than 2/3rds of forest and woodland leased to non-Indians. Mineral resource of pumice.

\* \* \* \* \*

**TRIBES:** Predominantly Klamath, some Modoc, and miscellaneous grouping of Palute, Pitt River and others.

**POPULATION:** 1,314 estimated in PHS service area in 1956  
2,133 enrolled tribal members in 1957

### THE PEOPLE

**CHARACTERISTICS:** Blood quantum - 37% full blood in 1950; 93% one-fourth or more Indian blood.  
Homes - Typical dwelling frame. Half of families had 4 or more rooms per dwelling unit in 1950. 0.8 persons per room (median). 3.4 persons per dwelling.  
Education - 97% of persons aged 6 and older read and speak English (1950). 92% of children aged 6-18 in school in 1957.  
Average family income - Considerably below that for all rural farm families in Oregon, yet slightly above the average of all reservation Indian families in Oregon. Source - Farming, livestock, and wage labor.  
Tribal income - Principally from sale of timber from tribal lands; additional amounts from lease of tribal farm and grazing lands. Per capita payments at intervals supplement family income. In addition, tribal resources are used to pay for care of medically indigent members of the tribe.

\* \* \* \* \*

### HEALTH RESOURCES

**INDIAN HEALTH FACILITIES:** Public Health Service Indian Health Center at Klamath Agency.



KLAMATH RESERVATION, OREGON (continued)

OTHER HEALTH RESOURCES: Medical care by local private physicians at Klamath Falls and hospital care at the 53-bed Hillside Hospital, and the 89-bed Klamath Valley Hospital, Klamath Falls, provided to medical indigents through tribal funds.

\* \* \* \* \*

SPECIAL  
PROBLEMS

HEALTH STATUS: Leading causes of death, 1954-56, were accidents, diseases of heart, diseases of infancy.

\* \* \* \* \*

FIELD NOTES AND OBSERVATIONS:

## UMATILLA RESERVATION, OREGON

### THE RESERVATION

**LOCATION:** Northeast Oregon, in Umatilla County. Lies between Pendleton on the West and Umatilla National Forest on the East. Umatilla River crosses reservation from Pendleton to Bingham Springs. Principal settlements - Cayuse, Mission and Thornhollow. Nearest off-reservation towns (1950 pop.) - Enterprise, Oregon, (pop. 1,718) 106 miles from Pendleton; Hermiston, Oregon (pop. 3,804) 20 miles away; La Grande, Oregon (pop. 8,635) 50 miles away; Pendleton, Oregon (pop. 11,774) 3½ miles away. Walla Walla, Washington (pop. 24,102) is about 47 miles from Pendleton. BIA Field Office - Umatilla Agency, Pendleton, Oregon.

**LAND:** 101,500 acres, 2/3rds of which is grazing land leased to non-Indians. Remainder is wheat, grain, farm and timber land used by Indians.

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**TRIBES:** Predominantly Cayuse and Umatilla; many Walla Walla.

**POPULATION:** 835 estimated in PHS service area in 1956  
1,251 enrolled tribal members in 1957

### THE PEOPLE

**CHARACTERISTICS:** Blood quantum - 78% full blood in 1950; 90% one-half or more Indian blood. Homes - Typical dwelling frame, about 3 rooms each. 4.3 persons per dwelling unit (median). 1.2 persons per room (median). Education - 90% of persons aged 6 and older read and speak English (1950). At least 97% of children aged 6-18 in school in 1957. Average family income - Reportedly improved in recent years to at least equal the average for all rural farm families in Oregon. Substantially above average for all reservation Indian families in the State. Source - Farming and farm labor, especially pea crops for frozen food industry, stock raising, lease of grazing and farm lands, and some timber sales. Tribal income - Principally from lease of grazing and farm land and tribal timber. Distribution of funds resulting from settlement of claim for loss of fishing rights at Celilo Falls, now inundated by waters impounded by The Dalles Dam, will further improve the economic condition of the tribal members.

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### HEALTH RESOURCES

**INDIAN HEALTH FACILITIES:** Public Health Service Indian Health Station at Pendleton, through which medical care services are authorized.

## UMATILLA RESERVATION, OREGON (continued)

OTHER HEALTH RESOURCES: All public health services to Indians as provided to non-Indians, based upon the needs of individuals and family groups, plus additional public health nursing, health education, tuberculosis and environmental sanitation services provided through Public Health Service contract with Umatilla County Health Department. Hospital care at Federal expense may be authorized at community hospitals, mainly the 115-bed St. Anthony's Hospital, Pendleton; the 120-bed St. Mary's Hospital and 56-bed Walla Walla General Hospital, both at Walla Walla, Washington.

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### SPECIAL PROBLEMS

HEALTH STATUS: Influenza and pneumonia, diseases of heart, accidents and gastritis were major causes of death, 1954-56. Infant death rate higher than average for all Indians in Oregon.

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### FIELD NOTES AND OBSERVATIONS:

## WARM SPRINGS RESERVATION, OREGON

### THE RESERVATION

**LOCATION:** Central Oregon, in Jefferson and Wasco Counties. Western boundary marked by Cascade Range, Eastern boundary by the Deschutes River, and Southern boundary by the Metolius River. Principal settlements - Warm Springs Agency the only community of any size; Simnasho is about 25 miles North of Warm Springs and contains about 1/5 of the reservation population. Nearest off-reservation towns in Oregon (1950 pop.) - Bend (pop. 11,409) 55 miles from Warm Springs; Madras (pop. 1,258) 14 miles away; Prineville (pop. 3,233) 45 miles; Redmond (pop. 2,956) 40 miles away. BIA Field Office - Warm Springs Agency, Warm Springs, Oregon, which also has jurisdiction over Burns Reservation.

**LAND:** Covers 569,000 acres, used mostly for grazing and timber operations.

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**TRIBES:** Predominantly Warm Springs, Wasco, and Paiute.

**POPULATION:** 1,364 estimated in PHS service area in 1956  
1,241 enrolled tribal members in 1957

### THE PEOPLE

**CHARACTERISTICS:** Blood quantum - 74% full blood in 1950; 97% one-half or more Indian blood.

Homes - Typical dwelling 2-3 room frame house. 4.2 persons per dwelling unit (median). 1.5 persons per room (median). This tribe has its own housing improvement program.

Education - 91% of persons aged 6 and older read and speak English (1950). 88% of children aged 6-18 at Warm Springs and Burns Reservations in school in 1957, mostly in public school.

BIA Boarding School maintained at Warm Springs, BIA Day School at Simnasho.

Average family income - Somewhat below that for all rural farm families in Oregon yet somewhat above the average income for all reservation Indian families in the State. Source - Wage work, farming and livestock.

Tribal income - Timber sales and lease of farm and grazing land are principal sources of revenue. Per capita payments supplement family incomes. Substantial settlement from loss of fishing rights at Celilo Falls, now inundated by water impounded by The Dalles Dam. The proceeds will be used in development of reservation resources.

WARM SPRINGS RESERVATION, OREGON (continued)

INDIAN HEALTH FACILITIES: Public Health Service Indian Health Center at Warm Springs.

HEALTH  
RESOURCES

OTHER HEALTH RESOURCES: Hospital care at Federal expense may be authorized at community hospitals, mainly the 93-bed St. Charles Memorial Hospital, Bend, and at 66-bed Central Oregon District Hospital, Redmond.

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HEALTH STATUS: Data for Warm Springs Reservation combined with those for Burns Reservation. Leading causes of death for these reservations, 1954-56, were accidents, diseases of heart, influenza and pneumonia. Infant death rate higher than average for all Indians in Oregon.

SPECIAL  
PROBLEMS

OTHER: A sample survey (1956) indicated that 30% of home water sources were potentially hazardous. Population largely dependent upon off-reservation work. Annual rainfall in area only 12 inches, so farming is uncertain.

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FIELD NOTES AND OBSERVATIONS:

## COLVILLE RESERVATION, WASHINGTON

### THE RESERVATION

**LOCATION:** Northeast Washington, mainly in Okanogan and Ferry Counties.

Area enclosed by Okanogan River to West, Columbia River and Roosevelt Lake to the South and East, Coulee Dam and Chief Joseph Dam to South. Latitude line is North boundary of reservation.

Principal settlements - Inchelium and Nespelem.

Nearest off-reservation towns in Washington (1950 pop.) - Chewelah (pop. 1,683) 125 miles from Nespelem; Colville, (pop. 3,600) 110 miles away; Coulee Dam (pop. 5,400) 15 miles; Okanogan (pop. 2,013) 40 miles away; Omak (pop. 3,900) 35 miles; Spokane (pop. 161,721) 100 miles; Tonasket (pop. 957) 60 miles.

BIA Field Office - Colville Agency, Nespelem, Washington.

**LAND:** Covers 1,126,465 acres, much of it leased to non-Indians. Largely forest, some open grazing land. Remainder farm land.

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**TRIBES:** Confederated Colville Reservation Tribes (predominantly Salish stock).

**POPULATION:** 2,776 estimated in PHS service area in 1956  
4,255 enrolled in Tribe in 1957

**CHARACTERISTICS:** Blood quantum - 39% full blood in 1950; 80% one-fourth or more Indian blood.

Homes - Typical dwelling 2-4 room frame house; 4 persons per dwelling unit (median); 1.3 persons per room (median).

Education - Half of adults aged 25 and older had 8.1 years or more school; 92% of persons aged 6 and older read and speak English (1950). 94% of children aged 6-18 in school in 1957.

Average family income - One of the better economically situated Indian groups with average income only a little beneath that of all rural farm families in the State. Source - Lumber and logging, livestock, farming, lease of land, wage labor.

Tribal income - Substantial annual income from timber sales and lease of farming and pasture land, much of which is distributed to members of the tribe on a per capita basis.

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**INDIAN HEALTH FACILITIES:** Public Health Service Indian Hospital at Nespelem. In 1957 fiscal year there were -

34 beds available (average for year);

209 admissions and 54 births in hospital;

4.8 average daily inpatient load;

5,886 outpatient services.

### HEALTH RESOURCES

## COLVILLE RESERVATION, WASHINGTON (continued)

OTHER HEALTH RESOURCES: All public health services to Indians as made available and rendered to other citizens, including public health nursing and environmental sanitation, provided through Public Health Service contract with Okanogan County Health Department.

Hospital care at Federal expense may be authorized at community hospitals, mainly the 39-bed St. Joseph's Hospital, Chewelah; 40-bed Mount Carmel Hospital, Colville; 30-bed Okanogan County Hospital, District #1, Brewster; the 28-bed Coulee Dam Community Hospital, Coulee Dam; the 31-bed Omak Memorial Hospital, Omak; 482-bed Sacred Heart Hospital, Spokane; 32-bed St. Martin's Hospital, Tonasket.

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### SPECIAL PROBLEMS

HEALTH STATUS: Data for Colville combined with those for Spokane. Leading causes of death for Colville and Spokane Reservation groups, 1954-56 were diseases of heart, accidents and diseases of infancy.

OTHER: Some families at Colville still haul household water in drums or barrels from some distant source; over 10% obtain drinking water from the river or an irrigation ditch (1956).

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### FIELD NOTES AND OBSERVATIONS:

## KALISPEL RESERVATION, WASHINGTON

### THE RESERVATION

**LOCATION:** Northeast Washington, between Pend Oreille River and Idaho border, in Pend Oreille County. Lies South of Kaniksu National Forest and North of Newport.

Principal settlements - Cusick (1950 pop. 360) and the small settlement of Uck.

Nearest off-reservation towns in Washington (1950 pop.) - Chewelah, (pop. 1,683) 25 miles from edge of reservation; Colville, (pop. 3,600) 55 miles away; Newport (pop. 1,447) 20 miles away from reservation; Spokane (pop. 161,721) 60 miles away.

BIA Field Office - Northern Idaho Agency, Lapwai, Idaho.

**LAND:** Covers 4,629 acres. Cut over timber land with second growth timber, some farm and grazing land.

\* \* \* \* \*

**TRIBES:** Predominantly Kalispel.

**POPULATION:** 166 estimated in PHS service area in 1956  
165 enrolled in Tribe in 1957

**CHARACTERISTICS:** Blood quantum not known.

Homes - Typical dwelling a small farm house, in poor condition.

Education - Very few children complete grade school; 10% of the Tribe are unable to speak English.

Average family income - Although the average family income for Indians in Washington is higher than it is in Idaho or Oregon, the Kalispel Reservation family is likely to be as poor as any in the Portland Area. Lumber mill at Cusick is the only nearby source of employment. Men must travel great distances to find jobs. No work available in winter so most persons are without cash many months during the year.

Tribal income - Small amounts from lease of tribally owned land.

### THE PEOPLE

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**INDIAN HEALTH FACILITIES:** None on reservation.

### HEALTH RESOURCES

**OTHER HEALTH RESOURCES:** Hospital care at Federal expense may be authorized at community hospitals, mainly the 39-bed St. Joseph's Hospital, Chewelah; 40-bed Mount Carmel Hospital, Colville; 482-bed Sacred Heart Hospital and 267-bed St. Luke's General Hospital, both at Spokane.

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## KALISPEL RESERVATION, WASHINGTON (continued)

### PECIAL PROBLEMS

HEALTH STATUS: Data for Kalispel Reservation combined with those for Northern Idaho reservations (Coeur d'Alene, Fort Hall, Kootenai, and Nez Perce). Leading causes of death for these reservations, 1954-56, were diseases of heart, accidents, diseases of infancy.

OTHER: The reservation land produces little income. Families are isolated from one another. Primitive sanitary conditions. Roads are poor.

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FIELD NOTES AND OBSERVATIONS:

## LUMMI RESERVATION, WASHINGTON

### THE RESERVATION

**LOCATION:** Extreme Northwest corner of Washington, in Whatcom County. Extends to Strait of Georgia on Lummi Bay. Lies across the Bay, West of Bellingham. Close to British Columbia, Canada.  
Principal settlements - Only one small community on reservation, Lummi, which is located between Marietta and Eastern boundary of reservation on trust land bordering both sides of Nooksack River.  
Nearest off-reservation towns in Washington (1950 pop.) - Bellingham (pop. 34,112) 7 miles from edge of reservation and the small town of Marietta, further away.  
BIA Field Office - Western Washington Agency, Everett, Washington.

**LAND:** Covers 10,000 acres. The Northern third of reservation is agricultural land. A major portion leased to non-Indians on cash rental, improvement basis. Remainder largely forest and woodland.

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**TRIBES:** Predominantly Lummi.

**POPULATION:** 514 resident on reservation (1956)  
830 enrolled in tribe in 1952

### THE PEOPLE

**CHARACTERISTICS:** Blood quantum - 90% full blood in 1950; 96% one-half or more Indian blood.  
Homes - Typical dwelling frame. 5 persons per dwelling unit (median). 1.5 persons per room (median).  
Education - Very good school attendance, with increasing number in high school (1952); 98% of persons aged 6 and older read and speak English (1950). 97% of children aged 6-18 in Western Washington are attending school (1957).  
Average family income - Reportedly improved in recent years, slightly above that for all reservation Indian groups in Washington. Source - Fishing, farming, dairying, stock raising, lease of land, wage labor in lumber industries.  
Tribal income - Insignificant amounts from lease of tribal oyster beds and tribal lands.

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**INDIAN HEALTH FACILITIES:** None on reservation.

### HEALTH RESOURCES

**OTHER HEALTH RESOURCES:** All public health services to Indians as made available and rendered to other citizens, including public health nursing and environmental sanitation, provided through Public Health Service contract with Bellingham-Whatcom County Department of Health.

## LUMMI RESERVATION, WASHINGTON (continued)

Medical care by private physician at Bellingham under contract to PHS.

Hospital care at Federal expense may be authorized at community hospitals, mainly the 110-bed St. Joseph's Hospital and at 75-bed St. Luke's Hospital, both at Bellingham.

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### SPECIAL PROBLEMS

HEALTH STATUS: Data for Lummi Reservation combined with those for all Western Washington reservations. Leading causes of death for these groups, 1954-56, were diseases of heart, accidents, influenza and pneumonia.

OTHER: Canadian Indians have intermarried with Lummi Indians and inherited portions of allotments.

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### FIELD NOTES AND OBSERVATIONS:

## MAKAH RESERVATION, WASHINGTON

### THE RESERVATION

**LOCATION:** Tip of northwest Washington, at conjunction of Pacific Ocean and Juan de Fuca Straits. In Clallam County.

Principal settlements - Entire population is located in the community of Neah Bay (1950 pop. 500).

Nearest off-reservation towns in Washington (1950 pop.) - Forks (pop. 1,120) 45 miles from Neah Bay; Port Angeles (pop. 11,233) 65 miles away.

BIA Field Office - Western Washington Agency, Everett, Washington.

**LAND:** Covers about 27,000 acres, almost three-fourths of which is non-Indian operated, mountainous timberland logged under contract.

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**TRIBES:** Predominantly Makah.

**POPULATION:** 558 estimated in PHS service area in 1956  
544 enrolled tribal members in 1957

### THE PEOPLE

**CHARACTERISTICS:** Blood quantum - 67% full blood in 1950; 95% one-half or more Indian blood.

Homes - Typical dwelling 4-5 room frame house. 4.4 persons per dwelling unit (median). 0.9 persons per room (median).

Education - Average educational level is about 10th grade (1952). 97% of children aged 6-18 in Western Washington attending school (1957).

Average family income - Substantially below that for all rural farm families in the State but is about equal to the average for all Indian families in Washington. Source - Timber sales from individual allotments, fishing, and wage work.

Tribal income - Lease of business properties on tribal lands and contract logging of tribal timberland. Tribal income is diminishing; spent on community development such as interior drainage system, and new water supply.

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**INDIAN HEALTH FACILITIES:** None on reservation.

### HEALTH RESOURCES

**OTHER HEALTH RESOURCES:** Public health services including public health nursing and environmental sanitation provided through Public Health Service contract with Olympic Health District.

Medical care - At one time health services were provided Makahs under BIA auspices. However, with the accumulation of considerable funds in the tribal treasury, principally from timber sales, the Makah

## MAKAH RESERVATION, WASHINGTON (continued)

Tribal Council financed a medical and hospital care program for eligible members of the tribe. Recently diminishing tribal income has resulted in the discontinuation of this program at tribal expense. Through the cooperative efforts of the State of Washington Department of Public Assistance, the Makah Tribal Council, BIA, and PHS, medical care for medically indigent Makah people living on the reservation at Neah Bay is now provided on the same basis as to other medically indigent citizens by the State of Washington Department of Public Assistance.

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### SPECIAL PROBLEMS

HEALTH STATUS: Data for Makah Reservation combined with those for all Western Washington reservations. Leading causes of death in Western Washington reservation groups, 1954-56, were diseases of heart, accidents, influenza and pneumonia.

OTHER: No proper garbage and refuse disposal. Sewage disposal by septic tanks, cesspools, and privies. 105 inches annual rainfall result in saturated ground surfaces and excessive surface water.

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### FIELD NOTES AND OBSERVATIONS:

## QUINALT (QUINAIELT) RESERVATION, WASHINGTON

### THE RESERVATION

**LOCATION:** Northwest Washington on Pacific Coast, mostly in Grays Harbor County, but small portion in Jefferson County. A triangular wedge of land between Quinalt and Queets Rivers, with apex at Quinalt Lake.

Principal settlements - Taholah (1950 pop. 350) and Queets Village.

Nearest off-reservation towns in Washington (1950 pop.) - Aberdeen (pop. 19,653) 40 miles from edge of reservation; Forks (pop. 1,120) 80 miles away; Hoquiam (pop. 11,123) 35 miles; Moclips, at Southern edge of Reservation (location of School District high school); Pacific Beach, 10 miles away.

BIA Field Office - Western Washington Agency, Everett, Washington.

**LAND:** At least 170,000 acres including 100,000 acres of virgin timber land, almost all Indian operated. Quinalt River flows across reservation from Quinalt Lake in Northeast, to Pacific Ocean. This lake is a choice fishing spot. Wild game and fur animals plentiful.

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**TRIBES:** Predominantly Quinaielt, some Quillayute.

**POPULATION:** 520 resident on reservation (1956)

**CHARACTERISTICS:** Blood quantum - 68% full blood in 1950; 91% one half or more Indian blood.

Homes - Typical dwelling frame. 5.6 persons per dwelling unit at Queets; 4.8 persons per dwelling unit at Taholah (median). 1.5 persons per room at Queets; one person per room at Taholah (median).

Education - Average level of education is approximately 8th grade (1952). 97% of persons aged 6 and older read and speak English (1950). 97% of children aged 6-18 in Western Washington attending school (1957).

Average family income - Below that for all rural farm families in Washington, but above that for all reservation Indian families in the State. Source - Sale of timber, fishing, guides for fishing parties, and wage labor.

Tribal income - Small revenue from fish tax, and from permits for fishing and boating.

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**INDIAN HEALTH FACILITIES:** None on reservation.

### HEALTH RESOURCES

**OTHER HEALTH RESOURCES:** All public health services to Indians as made available and rendered to other citizens, including public health nursing and environmental sanitation, provided through Public Health

## QUINULT RESERVATION, WASHINGTON (continued)

Service contract with Grays Harbor County Health Department.  
Hospital care at Federal expense may be authorized at community hospitals, mainly the 89-bed Grays Harbor Community Hospital and the 125-bed St. Joseph Hospital, both at Aberdeen; also at 20-bed Clallam County Hospital District #1, Forks.

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### SPECIAL PROBLEMS

HEALTH STATUS: Data for Quinault Reservation combined with those for all Western Washington reservations. Leading causes of death in Western Washington reservation groups, 1954-56, were diseases of heart, accidents, influenza, and pneumonia.

OTHER: Water supply system at Queets Village is a surface impoundment without chlorination and is unsatisfactory. There is scattered refuse at Queets. Over-the-bank garbage and refuse disposal at Taholah.

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### FIELD NOTES AND OBSERVATIONS:

## SPOKANE RESERVATION, WASHINGTON

### THE RESERVATION

**LOCATION:** Northeast Washington, in Southern part of Stevens County and parts of Lincoln and Spokane Counties. Eastern boundary falls at junction of Spokane River and Roosevelt Lake. The lake separates Colville Reservation from Spokane Reservation.

Principal settlements - Wellpinit, a small settlement.

Nearest off-reservation towns in Washington (1950 pop.) - Reardan (pop. 410) 22 miles from reservation; Chewelah (pop. 1,683); Spokane (pop. 161,721), the most accessible hospital town, is about 40 miles from Wellpinit; Davenport (pop. 1,417), Deer Park (pop. 1,167) and Wilbur (pop. 1,043) are closer to reservation.

BIA Field Office - Colville Agency, Nespelem, Washington.

**LAND:** Covers some 138,000 acres, principally forest and woodland. More than 50% is non-Indian operated agricultural and grazing land.

\* \* \* \* \*

**TRIBES:** Predominantly Spokane.

**POPULATION:** 1,131 estimated in PHS service area in 1956  
1,239 enrolled in tribe in 1957

### THE PEOPLE

**CHARACTERISTICS:** Blood quantum - 22% full blood in 1950; 78% one-fourth or more Indian blood.

Homes - Typical dwelling frame. 4.8 persons per dwelling unit (median). 1.1 persons per room (median).

Education - Nearly all of younger generation complete 8th grade, and about 1/3 finish high school. 94% of persons aged 6 and older read and speak English (1950). 97% of children aged 6-18 in Western Washington attend school (1957).

Average family income - Considerably below that for all rural farm families in the State but only somewhat lower than the average for all reservation Indian families in Washington. Source - Lease of farm and grazing land, farming, farm labor, timbering and logging labor.

Tribal income - Timber, grazing and mineral leases; resorts.

\* \* \* \* \*

**INDIAN HEALTH FACILITIES:** Public Health Service Indian Health Center at Wellpinit.

### HEALTH RESOURCES

**OTHER HEALTH RESOURCES:** Hospital care at Federal expense may be authorized at community hospitals, mainly the 39-bed St. Joseph's Hospital, Chewelah; the 42-bed Mount Carmel Hospital, Colville; the 482-bed Sacred Heart Hospital, and the 284-bed St. Luke's Hospital, both at Spokane. (Colville is 110 miles from Wellpinit.)



SPOKANE RESERVATION, WASHINGTON (continued)

SPECIAL  
PROBLEMS

HEALTH STATUS: Data for Spokane Reservation combined with those for Colville. Leading causes of death for the Colville-Spokane Reservation group, 1954-56, were diseases of heart, accidents and diseases of infancy.

OTHER: Because of the difficulty of crossing Spokane River and Roosevelt Lake, there is no easy access to PHS Indian Hospital at Nespelem from the Spokane Reservation.

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FIELD NOTES AND OBSERVATIONS:

## TULALIP (SNOHOMISH) RESERVATION, WASHINGTON

### THE RESERVATION

**LOCATION:** Northwest Washington in Snohomish County at Puget Sound, 5 miles North of Everett.

Principal settlements - Tulalip, old BIA headquarters, is a meeting place, but there are no Indian settlements on Reservation.

Nearest off-reservation towns in Washington (1950 pop.) -

Arlington (pop. 1,800) 20 miles from Tulalip; Everett (pop. 33,849) about 5 miles away; Marysville (pop. 2,415) adjacent to Reservation; Seattle (pop. 516,200) 35 miles from Tulalip.

BIA Field Office - Western Washington Agency, Everett, Washington.

**LAND:** Covers 18,191 acres. Less than 1,000 acres consist of crop, pasture and farm lands used for subsistence home sites. Remainder is forest and wooded.

\* \* \* \* \*

**TRIBES:** Predominantly Snohomish; minority of Skagit, Suitttle, Snoqualmie.

**POPULATION:** 327 resident on reservation (1956)  
765 enrolled tribal members in 1952

**CHARACTERISTICS:** Blood quantum - 63% full blood in 1950; 92% one-half or more Indian blood.

Homes - Typical dwelling frame. 5.2 persons per dwelling unit (median). 1.2 persons per room (median).

Education - Average educational level is 9th or 10th grade (1952). 96% of persons aged 6 and older read and speak English (1950). 97% of children aged 6-18 in Western Washington attending school (1957).

Average family income - In recent years the average family income at Tulalip has approached that at Lummi, Quinault and Colville Reservations. Source - Contract logging, commercial fishing and lumbering; wage labor and seasonal agricultural labor.

Tribal income - Lease of tribal lands as resort home sites for summer residents, operation of water system for summer residents, hunting permits, other leases.

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**INDIAN HEALTH FACILITIES:** Public Health Service Indian Health Station at Everett, through which medical services are authorized. PHS Indian Health Station at Marysville.

### HEALTH RESOURCES

**OTHER HEALTH RESOURCES:** All public health services provided to Indians as made available and rendered to other citizens, including public health nursing and environmental sanitation, through Public Health Service contract with Snohomish County Department of Health.

## TULALIP RESERVATION, WASHINGTON (continued)

Medical care by private physician at Marysville, under contract to PHS.

Hospital care at Federal expense may be authorized at community hospitals, mainly the 127-bed Everett General Hospital, Everett.

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HEALTH STATUS: Tulalip is among the reservations in Western Washington for which a high incidence of dysentery, scarlet fever and tuberculosis was reported 1954-56.

### SPECIAL PROBLEMS

OTHER: The Tulalip water system services summer residents, not Indians. One-fifth of Indian households depend upon wells and creeks for water supply. Community garbage disposal facilities are inadequate. Homes are scattered and isolated.

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### FIELD NOTES AND OBSERVATIONS:

## YAKIMA RESERVATION, WASHINGTON

### THE RESERVATION

**LOCATION:** Center of Washington State, mainly in Yakima County but a small portion in Northern Klickitat County. Reservation extends to Satus Pass at South, Cascade Mountain slope at West, and Yakima River at East. Toppenish Mountain Ridge cuts across East and West. Principal settlements - Several small settlements such as Brauntown, Parker and White Swan.

Nearest off-reservation towns in Washington (1950 pop.) - Toppenish (pop. 5,265) and Wapato (pop. 3,700) are incorporated on taxable land surrounded by reservation. Granger, (pop. 1,164) 20 miles from Toppenish; Goldendale (pop. 2,000) 50 miles away; Yakima (pop. 38,486) 20 miles away.

BIA Field Office - Yakima Agency, Toppenish, Washington, which also has jurisdiction over The Dalles.

**LAND:** Covers some 1,150,000 acres of timbered and waste land, open grazing and farm land. About 68,000 acres of farm land, mostly irrigated, are non-Indian operated.

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**TRIBES:** Predominantly Yakima.

**POPULATION:** 3,427 estimated in PHS service area in 1956  
4,442 enrolled in Tribe in 1957

**CHARACTERISTICS:** Blood quantum - 59% full blood in 1950; 88% one-fourth or more Indian blood.

Homes - Typical dwelling frame. 4.3 persons per dwelling unit (median). 1.2 persons per room (median).

Education - Half of adults aged 25 and older had 7.7 years or more schooling (1950). 89% of persons aged 6 and older read and speak English (1950). At least 83% of children aged 6-18 at Yakima and The Dalles attended school in 1957.

Average family income - Extreme variation in family income on this reservation, from incomes at bare subsistence levels to income exceeding the average for all rural farm families in the State. Source - Lease of grazing and farm land, timber sales on individual allotments, farming, livestock, farm and wage labor.

Tribal income - Principally from tribal timber sales, farming and grazing land leases. Distribution of funds from settlement of claim for loss of fishing rights at Celilo Falls, now inundated by waters impounded by The Dalles Dam, may materially improve the welfare of tribal members.

### THE PEOPLE

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YAKIMA RESERVATION, WASHINGTON (continued)

INDIAN HEALTH FACILITIES: Public Health Service Indian Health Station at Toppenish.

HEALTH  
RESOURCES

OTHER HEALTH RESOURCES: All public health services provided to Indians to same extent as provided other citizens, plus additional health education, public health nursing and environmental sanitation, provided by Public Health Service contract with Yakima County Health Department. Hospital care at Federal expense may be authorized at community hospitals, mainly the 26-bed Klickitat Valley Hospital, Goldendale; at the 47-bed Central Memorial Hospital, Toppenish; 227-bed St. Elizabeth Hospital and 142-bed Yakima Hospital, both at Yakima; and the 36-bed Skyline Hospital, White Salmon, 90 miles from Toppenish.

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SPECIAL  
PROBLEMS

HEALTH STATUS: Accidents, diseases of heart, influenza and pneumonia were major causes of death, 1954-56.

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FIELD NOTES AND OBSERVATIONS:

## OTHER NORTHWEST WASHINGTON RESERVATIONS

A number of other, relatively small (in population and acreage) Indian reservations are scattered through the Western Washington area. In addition, many Indians have had lands allotted to them from scattered public domain tracts. All told, the combined PHS service area population of these small groups is estimated at about 6,000. It is doubtful that any one reservation has a population of more than 400.

Since little factual information is available for these reservations and their people, they have been broadly grouped geographically and the available facts have been summarized. Specific information concerning the educational status of these groups is lacking, but the indications are that nearly all children in Western Washington attend public schools. As a group the income of families here is lower than that of other rural families in the surrounding areas. Insufficient data are available concerning health status in these Northwest Washington Reservations; but it would seem that the health of Indians in this region is like that for other Indian groups in the State. There is reported a high incidence of influenza, pneumonia, and dysentery; considerable measles, scarlet fever and chickenpox.

### PACIFIC COAST AREA

The Hoh, Ozette, Quillayute (or Quileute) and Shoalwater Reservations - each of less than 800 acres - are located on the Pacific Coast. The Lower Elwha Reservation lies on the Straits of Juan de Fuca. All are in the State of Washington.

**LOCATION:** Hoh Reservation - Jefferson County, 443 acres.  
Lower Elwha Reservation - Clallam County, 372 acres.  
Ozette Reservation - Clallam County, 719 acres.  
Quillayute Reservation - Clallam County, 595 acres.  
Shoalwater Reservation - Pacific County, 335 acres.

Principal settlements - Hoh Reservation - Cluster of homes only, no named settlement, 25 miles Southwest of Forks.  
Lower Elwha Reservation - A small colony 7 miles from Port Angeles.  
Ozette Reservation - claimed by Makahs. Used by nearby tribes during fishing season.  
Quillayute Reservation - La Push, 20 miles Northwest of Forks.  
Shoalwater Reservation - Near North Cove. 30 miles South of Aberdeen.

BIA Field Office - Western Washington Agency, Everett, Washington.

**LAND:** In general, the coastal land on which all five reservations are located is rough, hilly, timberland, extending into Pacific Ocean tide lands. Some salmon streams.

## OTHER NORTHWEST WASHINGTON RESERVATIONS (continued)

### TRIBES AND ESTIMATED RESERVATION POPULATION, 1956:

Hoh Reservation - 26 residents; Quinault - Quillayute Tribes.  
Lower Elwha Res. - 134 residents; Tribal affiliation not known.  
Quillayute Res. - 154 residents; Quillayute Tribe.  
Shoalwater Res. - 19 residents; Quinault Tribe.

**INCOME:** As a group, Indian families living on these smaller reservations are in the lower income bracket of the State and subsist by fishing, timbering and working in the logging and fish canning industries.

**HEALTH SERVICES:** No PHS facilities located on reservations. Local public health services, including public health nursing and environmental sanitation, provided on Hoh and Quillayute Reservations through PHS contract with Olympic Health District. Medical and hospital care from nearby community hospitals and physicians may be authorized at Federal expense, through an administrative office at Port Angeles.

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### FIELD NOTES AND OBSERVATIONS:

## OTHER NORTHWEST WASHINGTON RESERVATIONS (continued)

### LOWER PUGET SOUND AREA

The Chehalis, Muckleshoot, Nisqually, Puyallup and Skokomish Reservations are located inland, in a roughly semi-circular pattern, around the lower tip of Puget Sound. The Squaxin Island Reservation, on Squaxin Island, in Puget Sound, is directly North of the City of Olympia.

**LOCATION:** Chehalis Reservation - Southeast corner of Grays Harbor County and Southwest corner of Thurston County, 2,037 acres, largely in individual allotments.  
Muckleshoot Reservation - Extreme South Central part of King County, 2,775 acres, largely in individual allotments.  
Nisqually Reservation - Thurston and Pierce Counties, 1,038 acres, largely in individual allotments.  
Puyallup Reservation - On land adjoining the grounds of PHS Indian Hospital for tuberculosis patients, Tacoma (in Pierce County), 33 acres of tribal land. Additional land holdings in Indian private ownership.  
Skokomish Reservation - Central part of Mason County, 2,949 acres, largely in individual allotments.  
Squaxin Island Reservation - In Puget Sound, directly North of Olympia. 1,226 acres, for most part abandoned.

Principal settlements - On all reservations, families live in scattered groups with no named settlements of any size.

BIA Field Office - Western Washington Agency, Everett, Washington.

**LAND:** Generally, the land on all six reservations is scrub or second growth timberland. The land on the Muckleshoot Reservation is especially suited to farming.

#### **TRIBES AND ESTIMATED RESERVATION POPULATION, 1956:**

Chehalis Reservation - 120 residents, Chehalis, Chinook and Clapsop Tribes.  
Muckleshoot Reservation - 300 residents, Muckleshoot Tribe.  
Nisqually Reservation - 60 residents, Nisqually Tribe.  
Puyallup Reservation - About 400 population, half of whom live in Tacoma, Puyallup Tribe.  
Skokomish Reservation - Population scattered through Mason County, Skokomish Tribe.  
Squaxin Island - Few resident families remain, Quinault Tribe.

**CHARACTERISTICS AND INCOME:** From fragmentary data it appears that these tribal groups generally:

- Live in frame dwellings;
- Have a grade school education;
- Are wage laborers in logging camps and sawmills; seasonal farm workers and workers in fishing industry.

Except for the Skokomish and Squaxin Island groups which have



## OTHER NORTHWEST WASHINGTON RESERVATIONS (continued)

incomes approaching the average for all rural farm families in the State, Indian families in the Lower Puget Sound Area are among the lower income earning groups in Washington.

HEALTH SERVICES: No PHS facilities on these reservations. Local public health services including public health nursing and environmental sanitation available to Skokomish, Chehalis, Nisqually and Squaxin Island groups through PHS contract with Mason-Thurston Health District and Grays Harbor County Health Department. Medical and hospital care from nearby community hospitals and physicians may be authorized at Federal expense.

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FIELD NOTES AND OBSERVATIONS:

## OTHER NORTHWEST WASHINGTON RESERVATIONS (continued)

### UPPER PUGET SOUND AND GEORGIA STRAIT AREA

The remaining Northwest Washington groups are scattered on reservation or public domain lands in the northernmost areas of the State. In addition to the Nooksack, Port Gamble, Port Madison, Skagit-Suiattle and Swinomish Reservations, these groups include Indian tribes living in scattered public domain land in Clallam County and in Skagit County along the Skagit River.

**LOCATION:** Nooksack Reservation - Whatcom County, 3,231 acres, largely in scattered individual allotments.  
Port Gamble Reservation - 1,301 acres in Kitsap County on peninsula at head of Puget Sound.  
Port Madison Reservation - Kitsap County, 4,309 acres, largely in individual allotments.  
Skagit-Suiattle Reservation - Skagit County, 3,758 acres, largely in scattered individual allotments.  
Swinomish Reservation - Skagit County, 5,622 acres, largely in individual allotments.

Principal settlements - For the most part, families on these reservations live in scattered groups. Port Gamble (on Port Gamble Reservation) and La Conner (on Swinomish Reservation) are the only Indian settlements of size.

BIA Field Office - Western Washington Agency, Everett, Washington.

**LAND:** Port Gamble, Port Madison and Swinomish Reservations border immediately upon Puget Sound, and are heavily wooded with second growth timber. Nooksack and Skagit-Suiattle Reservations are farther to the North and each is about 20 miles from the water. Here more of the land has been cleared for small garden tracts.

**TRIBES AND ESTIMATED RESERVATION POPULATION, 1956:**  
Nooksack Reservation - Small scattered population, Nooksack Tribe.  
Port Gamble Reservation - 121 residents, Suquamish Tribe.  
Port Madison Reservation - 79 residents, Clallam Tribe.  
Skagit-Suiattle Reservation - Small, scattered population, Skagit-Suiattle Tribe.  
Swinomish Reservation - 216 residents, Swinomish Tribe.

**INCOME:** In general, incomes of Indian families in this area are substantially below the average for all rural farm families in the State. Families at Port Madison, Skagit-Suiattle, and Nooksack are in particularly poor economic circumstances. The Swinomish group have some tribal income from a tribal oyster enterprise, fish traps, saw mill and loans.

**HEALTH SERVICES:** No PHS facilities located on these reservations. Private physician at Mount Vernon, under contract to PHS, serves Skagit-Suiattle and Swinomish Reservations. PHS contract with

## OTHER NORTHWEST WASHINGTON RESERVATIONS (continued)

Bellingham-Whatcom County Health Department provides for public health services, including public health nursing and environmental sanitation, for all Indians in Whatcom County which includes the Nooksack Reservation. Medical and hospital care from nearby community hospitals and physicians may be authorized at Federal expense.

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## FIELD NOTES AND OBSERVATIONS:

### General References

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